

## **OPENING STATEMENT OF SENATOR GRASSLEY**

**July 17, 2000**

Good afternoon. I'd like to welcome you to today's hearing, entitled "The End of Life: Improving Care, Easing Pain and Helping Families." Thanks to all of you for your interest in this very important issue.

Here on the Aging Committee, we've spent a lot of time discussing the aging of American society. It's a dramatic change in the life of our nation. Part of it stems from the huge increase in births in the post-war era, but it's also true that we're living longer than the generations that came before.

Of course, this is much more a blessing than a curse. Our forebears could hardly have imaged the longer, fuller lives that we are now able to live.

But even with the tremendous advances science is bringing us, there's one thing that hasn't changed. Dying is, and will remain, a part of life. With the aging of the general population, more and more Americans will find themselves witnesses to the dying process, as caregivers for loved ones.

Studies show, however, that the general public lacks the knowledge to be good consumers in this area. Most of us know little about the availability of good care for the dying, including elements such as hospice and pain care. In addition, health care providers are uncomfortable talking to patients and their loved ones about dying. They also tend to be uninformed about what constitutes appropriate pain relief.

One of our witnesses today, Ms. Shelly Twiford, will be relating a painful experience with inadequate end-of-life care for a loved one. It's a story of inadequate pain management and frustrating interactions with health care practitioners. It's a story of being kept in the dark until her mother was virtually at the point of death, robbing the family of the ability to deal with the event in their own way. Sadly, I don't think that her situation is unique today; I think it's all too common.

We'll also be hearing from Ms. Peggy Gulotta, who'll relate a much more satisfying story, one in which her loved one was treated humanely and with care. The question we'll be asking today is this: how can we, as a nation, move from having experiences like Ms. Twiford's toward experiences like Ms. Gulotta's.

Many have concluded that end-of-life care education - for both the public and professional health care providers -- is the best tool for bringing about this transformation. Some encouraging efforts in this area have begun, and from our second panel, we'll learn more about those efforts.